## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| abrobnate. All further  | ed below or direc                                | aciliding the               | Patent advance o                        | irdere and notification  | of m                                    | iaintananca taac ii   | rill ha             | moderate and            | should be completed where<br>correspondence address a<br>arate "FEE ADDRESS" fo |  |
|---|--|-----------------------------|---|--|---|---|---------------------|-------------------------|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |  |                             |   |  |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |                     |                         |   |  |
| Stuart B. Shapiro Epstein, Edell, Shapiro, Finnan & Lytle, LLC  |  |                             |   |  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                     |                         |   |  |
| 1901 Research Boulevard Rockville, MD 20850   |  |                             |   |  |   |   |                     |                         | (Depositor's name)  |  |
| ,   |  |                             | G TRA                                   | DEMARK   |   |   |                     |                         | (Signature)   |  |
|   |  |                             |   |  | L                                       | <del></del>   |                     |                         | (Date)  |  |
| APPLICATION NO.   | FILING DATE                                      |                             | FIRST NAMED                             |  | ENTOR                                   |   | ATTORNEY DOCKET NO. |                         | CONFIRMATION NO.  |  |
| 09/731,836  | 09/731,836 12/08/2000                            |                             |   | Edwin H. Wrench J  |   |   |                     |                         |   |  |
| TITLE OF INVENTION: METHOD AND APPARATUS TO FACILITATE SECURE NETWORK COMMUNICATIONS WITH A VOICE RESPONSIVE NETWORK INTERFACE DEVICE   |  |                             |   |  |   |   |                     |                         |   |  |
| APPLN. TYPE   | SMALL ENTIT                                      | Y IS                        | SUE FEE DUE                             | PUBLICATION FEE DUE  |   | PREV. PAID ISSUE FE   |                     | TOTAL FEE(S) DUE        | DATE DUE  |  |
| nonprovisional  | NO   |                             | \$1400                                  | \$300  |   | \$0   |                     | \$1700                  | 02/28/2007  |  |
| EXAMINER ART UNIT   |  |                             | ART UNIT                                | CLASS-SUBCLASS   | ss 12/13/2006 HMARZI2 00000117 09731836 |   |                     | 9731836                 |   |  |
| PYZOCHA, MICHAEL J 2137   |  |                             | 2137 .                                  | 713-168000   | 68000 91 FC:1591 1499.99 UP             |   |                     |                         |   |  |
| Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |  |                             |   | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Edell, Shapiro & Finnan, LLC  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |                     |                         |   |  |
| (A) NAME OF ASSIG   | less an assignee is<br>h in 37 CFR 3.11.<br>GNEE | identified be<br>Completion | elow, no assignee<br>of this form is NO | data will appear on the Ta substitute for filing (B) RESIDENCE: (C   | he pat<br>g an a                        | tent. If an assigne<br>ssignment.   |                     |                         | ocument has been filed for  |  |
| ITT Manufacturing Enterprises, Inc. Wilmington, DE  |  |                             |   |  |   |   |                     |                         |   |  |
| lease check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government   |  |                             |   |  |   |   |                     |                         |   |  |
| 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  X A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number                        |  |                             |   |  |   |   |                     |                         |   |  |
| Change in Entity Stat   | •  |                             | ,                                       | Db 41545   |   | 1   |                     |                         |   |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  |  |                             |   |  |   |   |                     |                         |   |  |
| Authorized Signature  | A - 1  | ed States Pate              | ant and Trademark                       | Office.  |   | Date / 2  |                     | 12006                   | assignee of other party in  |  |
| Typed or printed name Stuart B. Shapiro   |  |                             |   |  |   | Registration No   |                     |                         |   |  |
| his collection of information application. Confident  | ation is required by                             | 37 CFR 1.3<br>by 35 U.S.C.  | 11. The information 122 and 37 CFR      | on is required to obtain<br>1.14. This collection is   | or ret                                  | tain a benefit by th  | e publi             | c which is to file (and | by the USPTO to process)  |  |

TI an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. Inis collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.